

SAMPLE REPORT OF WELDING PERSONNEL*

		Total # of Welders "W + P" (Including Probationary Welders)		RE	PORT	FOR
STANDARD 🗌 W47.1 🗌 W47.2 🗌 W186	W55.3	Total # of Tack Welders "T"				
		Total # of Operators "O"	MO	NTH		YEAR
		Total # of Robotics "RP + RO"				
Company Name:						

Address:

For each welder, welding operator and tack welder employed in shop or field welding for the period covered by this report show:

a) The full name of each individual

- The type of qualification as indicated by "W" (Welder), "O" (Operator), "T" (Tack Welder), "P" (Probationary Welder), "RP" (Robotic Welding Programmer), "RO" (Robotic b) Welding Operator)
- The welding process used by the individual. If the person has more than 1 qualification use additional line(s) The class such as "F" (Flat), "H" (Horizontal), "V" (Vertical), "VD" (Vertical Down), "O" (Overhead) For CSA W47.1 / W47.2, the classifications: T, S, FW and WT c)
- d)
- e)
- For CSA W47.1, Annex J, the classifications: AP-G, AS-G1, AS-G2, ASW-G1, ASW-G2, FB-G1, FB-G2, FW-G1, FW-G2, FW-G3, FW-G4, FW-G5, FV-G1, f)
- T-G1, T-G2 and S-G1 For CSA W47.1, Annex M, the classifications: FW-M, S-M, T-M and WT-M-Butt and WT-M-FW q)
- h)
- The qualification expiry date and the qualifying authority (e.g. CWB, ASME). For W55.3, identify the resistance welding process under "Process", with date(s) of training under "Qualifying Authority". i)

NOTE: Check testing may be performed up to 90 days prior to the expiry date of the qualification to enable companies to minimize the number of test sessions conducted and reduce their costs. In these cases, the welder's expiry date cycle (day/month) will be maintained. Check testing may also be performed more than 90 days prior to the expiry date of the qualification however, the welder's expiry date cycle will not be maintained.

			QUALIFICATION								
#	First and Last Name	CWB ID	Туре	Process	Class	Classification	E>	cpiry Da	ite	Qualifying	Shop (S)
π			Type	FICESS	01855			DD	YY	Authority	Field (F)

Note: This form is to be completed monthly. Please retain in your file for review by a CWB Representative during visits and audits.

REP	ORT		Company Code					-	CWB Fo	orm 10	08E/2023-1	
F	DR MONTH YEAR									Page	2	of
					QU	ALIFICAT	ION					
#	First and Last Name	CWB ID	Туре	Process	Class	Classifi-	Exp	oiry D	ate	Qualifyi	Shop (S)	
#		CWBID	туре	FIUCESS	01855	cation	ММ	DD	YY	Authority		Field (F)

REPORT					
FOR	MO	NTH	YE	AR	

Company Code

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			QUALIFICATION									
#	First and Last Name	CWB ID	Type Brocoss Class Classifi- Expiry Date Qualifying						Qualifying	Shop (S) Field (F)		
			. , , , , ,			cation	MM	DD	YY	Authority	Field (F)	
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